



CITY OF LAS VEGAS
1700 North Grand Avenue
Las Vegas, New Mexico 87701
Phone: (505) 454-1401 Fax: (505) 454-8027

PURCHASE ORDER

PO Number: 211169

Date: 01/26/2021

Request #: 281587

Vendor #: 03496

ISSUED TO: JOSEPH E. PARSON
627 SOUTH PACIFIC ST.
LAS VEGAS, NM 87701-

SHIP TO: City of Las Vegas
Attn:Solid Waste Department
35 Aragon Road
Las Vegas, NM 87701

Vendor Fax #:

| ITEM | UNITS | DESCRIPTION | PRICE | PROJ | GL ACCOUNT NUMBER | AMOUNT |
|------|-------|-----------------------|--------|------|-------------------|--------|
| 1 | 1 | BYPASS BFP REPAIR KIT | 189.00 | | 630-0000-610-7401 | 189.00 |
| 2 | 1 | SHIPPING AND DELIVERY | 134.00 | | 630-0000-610-7401 | 134.00 |
| 3 | 1 | TAX | 125.94 | | 630-0000-610-7401 | 125.94 |
| 4 | 1 | LABOR | 380.00 | | 630-0000-610-7401 | 380.00 |
| 5 | 1 | BFP CANISTER | 797.00 | | 630-0000-610-7401 | 797.00 |

DEPARTMENT ORDER

Approved By:

Date:

1/27/2021

| | |
|------------------|----------|
| SUBTOTAL: | 1,625.94 |
| TAX: | 0.00 |
| SHIPPING: | 0.00 |
| TOTAL | 1,625.94 |

1. Original invoice plus one copy must be sent to: City of Las Vegas, 1700 North Grand Avenue, Las Vegas, NM 87701.
2. Payment may be expected within 30 days of receipt of goods, unless otherwise stated.
3. C.O.D. shipment will not be accepted.
4. Purchase Order numbers must appear on all shipping containers, packing slips and invoices. Failure to comply with the above request may delay payment.
5. All goods are to be shipped F.O.B. Destination unless otherwise stated.
6. All materials and services are subject to approval based on the description on the face of the purchase order or appendages thereof. Substitutions are not permitted without approval of the Requesting Department. Material not approved will be returned at no cost to the City.
7. All goods and equipment must meet or exceed all necessary city, state and federal standards and regulations.
8. Vendor or manufacturer bears risk of loss or damage until property received and/or installed.
9. Seller acknowledges that the buyer is an equal opportunity employer. Seller will comply with all equal opportunity laws and regulations that are applicable to it as a supplier of the buyer.
10. The City is exempt from all federal excise and state tax - ID# 85-6000149

Finance Dept. (505) 454-1401 FAX (505) 454-8027

CITY OF LAS VEGAS REQUISITION FOR PURCHASE

PURCHASE ORDER NO.: 281587

BID REQUIREMENTS

CHECK APPROPRIATE BOX

DATE: 1/22/21

PURCHASES UNDER RESOLUTION #14-18 STATE PROCUREMENT CODE:

- ☐ \$0 TO \$19,999.99 Best Obtainable Price; Requires 3 telephoned or written quotes;
☐ \$20,000.00 TO \$59,999.99 Requires 3 written and signed quotes; (Goods or services)
☐ \$60,000.00 AND OVER Formal Process (Requires RFQ, RFP, RFB, etc.)

☐ BID NO.: _____ - _____ AWARDED: ____/____/____; CONTRACT NO.: _____

(RECORD BID NUMBER, AWARDED DATE, AND CONTRACT NUMBER ABOVE)

- ☐ SPD CONTRACT; SPD NO.: _____ EXPIRES: ____/____/____.
☐ EXEMPT PURCHASE; Provide Section No. _____.
☐ GSA CONTRACT; GSA NO.: _____ - _____ EXPIRES: ____/____/____.
☐ PROFESSIONAL SERVICES; _____
☐ SOLE SOURCE: REQUIRES DETERMINATION AND MUST BE POSTED ON CLV WEBSITE FOR 30 DAYS PRIOR TO PROCURING GOODS AND/OR SERVICES.

☒ EMERGENCY; _____ SECTIONS 13-1-127 STATE PROCUREMENT CODE

STATEMENT OF NEED: (Must Complete)

Emergency of Backflow water leak @ Solid waste

IN COMPLIANCE WITH THE PROCUREMENT CODE #14-18 THE FOLLOWING QUOTES WERE OBTAINED

| DATE | NAME OF VENDOR | PHONE NUMBER | PERSON CONTACTED | PRICE QUOTED |
|------|----------------|--------------|------------------|--------------|
| | | | | |
| | | | | |
| | | | | |

(If needed, attach additional quote documentation to this requisition)

| LINE | QUANTITY | UNIT | DESCRIPTION | UNIT PRICE | SUB TOTAL |
|------|----------|------|-----------------------|------------|-----------|
| | 1 | | BFP Canister | \$ 797.00 | \$ 797.00 |
| | 1 | | Bypass BFP Repair kit | \$ 189.00 | \$ 189.00 |
| | 1 | | Shipping & Delivery | \$ 134.00 | \$ 134.00 |
| | 1 | | labor | \$ 380.00 | \$ 380.00 |
| | | | Tax | \$ 125.94 | \$ 125.94 |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

VENDOR: *Parson's landscaping & lawn*

TOTAL: \$ *1625.94*

ADDRESS:

NM CRS NO.:

FEDERAL TAX NO.:

I CERTIFY THAT THIS PURCHASE IS NECESSARY AND THAT THE REQUESTED ITEMS WILL BE PURCHASED AT THE LOWEST BID OR BEST OBTAINABLE PRICE.

BUDGET \$ *10,000.00*
 EXPENDED TO DATE \$ *3,151.73*
 CURRENT EXPENSE \$ *1,625.94*
 BALANCE \$ *5,222.33*

[Signature]

SIGNATURE OF PERSON REQUESTING

630-0000-610-7401

FUND

DEPARTMENT

ACTIVITY

APPROVED BY: *[Signature]* *1-27-21*

BUDGET AVAILABLE YES: ☒ NO: ☐

WHITE COPY: ACCOUNTS PAYABLE

YELLOW COPY: PURCHASING

PINK COPY: DEPARTMENT



STATE OF NEW MEXICO
EMERGENCY DETERMINATION
FORM

The emergency procurement method (NMSA 1978, Section 13-1-127) may only be used when there exists a threat to public health, welfare, safety or property requiring procurement under emergency conditions. The existence of the emergency condition creates an immediate and serious need for services, construction or items of tangible personal property that cannot be met through normal procurement methods and the lack of which would seriously threaten:

1. the functioning of government;
2. the preservation or protection of property; or
3. the health or safety of any person.

I. Name of **Agency:** **CITY OF LAS VEGAS**

Agency Chief Procurement Officer: HELEN VIGIL

Telephone Number: 505-426-1106

II. Name of Contractor: Parson's Lawn and
Landscaping

Address of Contractor: 627 South Pacific St

LAS VEGAS, NEW MEXICO 87701

Amount of prospective contract \$ 1625.94

Term of prospective contract: Back flow water leak

III. Please thoroughly list the services (scope of work), construction or items of tangible personal property of the contract: Replace backflow prevention valve

IV. Provide an explanation for the justification of the procurement including a description of the emergency condition(s) requiring use of emergency procurement and the practicable competition utilized in compliance with NMSA 1978, Section 13-1-127.

System provides drinking water for facility as well as fire prevention system required by the NMED permit #swm250605

V. Please describe what measures are being taken to minimize the duration and effect of this particular emergency procurement (for example: is the emergency only in place until a competitive process can be completed, etc.).

System was updated to include heat box and heat tape prevent from water lines from freezing

VI. Describe what measures the Agency will take in the future to prevent/mitigate use of an emergency procurement under similar circumstances.

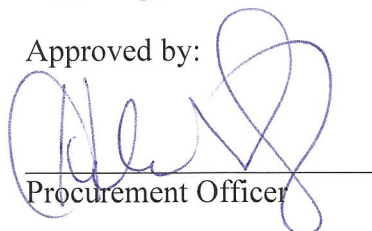
Request water department to train staff on repairs of backflow

Certified by:


Department Director

Date: 1/26/21

Approved by:


Procurement Officer

Date 1/26/2021

APPROVED



Date 1-27-21